



STATE OF TENNESSEE  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
Insurance Division – Self-Insurance/Surplus Lines Division  
500 James Robertson Parkway, 4<sup>TH</sup> Floor  
Nashville, Tennessee 37243-1135

**PURCHASING GROUP/RISK RETENTION GROUP  
PREMIUM TAX REPORT**

STATEMENT OF PREMIUMS FOR TAXATION

Total amount of gross taxable premiums including all membership fees, assessments, dues or any other consideration for insurance, as provided in the policy or contracts received by \_\_\_\_\_, agent/representative of the \_\_\_\_\_ Purchasing Group/Risk Retention Group, paid by or for policyholders residing in this State or on property or risk located in this State, for the tax period of, from the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ thru, \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

	PREMIUMS	TAX
2 ½% State tax on premiums for liability insurance	\$ _____	\$ _____

**TOTAL PREMIUM TAX FOR WHICH CHECK IS ENCLOSED** \$ \_\_\_\_\_

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, do hereby make oath that the foregoing Statement of Premiums for Taxation are in accordance with § 56-14-113 Tennessee Code Annotated, and are true to be best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Agent or Insured

SUBSCRIBED AND SHOWN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

